

ITD 3033 (Rev. 8-03)
Motor Carrier Services - One Stop Shop
PO Box 34, Boise, Idaho 83731-0034



Full Fee Application For Registration



Phone: (208) 334-8611
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Please Print

Do Not Use Red Ink

See Instructions Below and on Reverse Side

Idaho Account Number	Employer Identification Number	U.S. DOT Number	Federal Operating Authority <input type="checkbox"/> No <input type="checkbox"/> Yes MC # _____		Application Effective Date	Registration Year
Name and/or DBA <input type="checkbox"/> Check if Name Change					Contact Person	
Business Address <input type="checkbox"/> Check if Address Change		City	State	Zip Code	Phone	Fax
Mailing Address <input type="checkbox"/> Check if Address Change		City	State	Zip Code	E-Mail	

1*	2	3	4	5	6	7	Power Units Only					13	14	15	16
							8	9	10	11	12				
									Mileage	E/A	Oper.				
Action Code	Base Juris.	Unit Number	Veh. Year	Veh. Make	Complete Vehicle Identification Number	Veh. Type	Fuel Type	Combined Gross Weight	Power Units Over 60,000			Name of Titled Owner	Idaho Title Number	Idaho Plate	Reg. Fees

*Column 1, Action Codes: A.....Add a power unit R.....Renew a power unit 1YA.....Add or renew a 1-year annual trailer 7YA.....Add or renew a 7-year annual trailer 1YS.....Add or renew a 1-year staggered trailer 7YS.....Add or renew a 7-year staggered trailer C.....Change vehicle information - indicate reason: D.....Delete a vehicle registration - indicate reason: Note: For deleted vehicles, the registration must be returned to transfer credit to a replacement vehicle. The registration and plate(s) must be returned when applying for a refund.	FOR OFFICE USE ONLY			Registration Fee Total _____ Idaho Base Plate Fees ____ @ \$3.00 each, ____ @ \$6.00 each _____ Safety & Insurance Fees ____ @ \$2.00 each (see instructions) _____ Administration Fees ____ @ \$4.00 each unit _____ EMS Fees ____ @ \$1.25 each (power units only) _____ Temporary Vehicle Clearance (TVC) Fees ____ @ \$10.00 each unit _____ Other Fees: _____ Make checks payable to State of Idaho Total Fees Due _____
	<input type="checkbox"/> Account Status <input type="checkbox"/> Receipted HVUT <input type="checkbox"/> HVUT Filed at OSS Filed Date: <input type="checkbox"/> Insurance Verified <input type="checkbox"/> DOT # Verified	<input type="checkbox"/> Counter <input type="checkbox"/> Mail <input type="checkbox"/> Company Fax <input type="checkbox"/> Company Phone <input type="checkbox"/> Port Fax: <input type="checkbox"/> Port Phone: <input type="checkbox"/> In Office	Amount Paid: <input type="checkbox"/> CK <input type="checkbox"/> CC <input type="checkbox"/> Cash Date Paid: _____ Entered By: Date: _____ TVC: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Weight Change: <input type="checkbox"/> Complete Temporary <input type="checkbox"/> Duplicate Registration <input type="checkbox"/> Replace Plate: <input type="checkbox"/> Replace Sticker: <input type="checkbox"/> Other:	Transfer From: <input type="checkbox"/> County <input type="checkbox"/> IRP <input type="checkbox"/> Unit: <input type="checkbox"/> Plate <input type="checkbox"/> Cab Card Returned Date:	<input type="checkbox"/> Counter Pickup <input type="checkbox"/> Mailed <input type="checkbox"/> Express Date: _____ By: _____ <input type="checkbox"/> TVC only <input type="checkbox"/> Cab Card <input type="checkbox"/> Plate <input type="checkbox"/> Sticker	Applicant Signature _____ Date _____

